

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/07/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445420	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2010
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NAME OF PROVIDER OR SUPPLIER SISKIN HOSPITAL SUBACUTE REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE ONE SISKIN PLAZA CHATTANOOGA, TN 37403
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.</p> <p>The findings include:</p> <p>Observation on October 4, 2010 at 10:45 a.m. revealed numerous low voltage cables and wires installed above the ceiling are laying on the ceiling tiles in both east and west corridors. (NFPA 70).</p>	K 147	<p>On inspection of issue, it was determined that Southwest Communications failed to properly strap cables and wiring while installing a new patient call system. This vendor was contacted and will re-enter the facility during the week of 10/18/10 to correct this oversight. The problem will be resolved by re-strapping the cables and wires to appropriate hangers.</p> <p>To avoid further problems, the facilities director will check cable strapping following any future work by outside contractors.</p> <p><i>Jim Allen</i> 10/20/10 Jim Allen, Facilities Director</p> <p><i>Diana L. Miller</i> Diana L. Miller, Administrator</p>	10/22/10
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Diana L. Miller, NHA</i> 10/20/10	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OCT 25 2010